

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>10-11-05</u>	2 Serial/Patent # <u>10/519532</u>		
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$.
Amendment		10519332	\$.
Extension of Time		10519332	\$.
Notice of Appeal/Appeal		10519332	\$.
Petition		06/06/05 BCAMPBEL 0000041 022448 10519332	\$.
Issue		06/06/05 BCAMPBEL 0000041 022448 10519332	\$.
Cert of Correction/Terminal Disc.		06/06/05 BCAMPBEL 0000041 022448 10519332	\$.
Maintenance		06/13/2005 BCAMPBEL 0000041 022448 10519332	\$.
Assignment		06/13/2005 BCAMPBEL 0000041 022448 10519332	\$.
Other		06/13/2005 BCAMPBEL 0000041 022448 10519332	\$.
	7 TOTAL AMOUNT OF REFUND	\$ 100	
8 TO BE REFUNDED BY:			
10 REASON:	Treasury Check		
Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
Duplicate Payment	<input type="checkbox"/>	9 02 -- 2448	
No Fee Due (Explanation):			
<u>Fee Code Corrections</u> 1632-500 1642-400 <hr/> \$100			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>BAC</u>		TITLE: _____	
SIGNATURE: <u>BAC</u>		Adjustment Date: 06/13/2005 BCAMPBEL 01/06/2005 PHONEY 0000041 022448 10519332 02 FC:1632 500.00 LR	
OFFICE: <u>PCT/DO/EO</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B